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**** CONTINUING DATA *******
 This application is a CIP of 10/186,295 06/28/2002 ABN
 which is a CIP of 10/056,793 01/23/2002 PAT 7,031,776
 which claims benefit of 60/301,877 06/29/2001
 NONE M.B.

**** FOREIGN APPLICATIONS *******

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY ****
 06/22/2004

Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>/MICHAEL A BROWN/</u> <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY IL	SHEETS DRAWINGS 8	TOTAL CLAIMS 17 26	INDEPENDENT CLAIMS 3
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TITLE
 MECHANICALLY ACTIVATED OBJECTS FOR TREATMENT OF DEGENERATIVE RETINAL DISEASE

FILING FEE RECEIVED 514	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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